ROUND ROCK TEXAS
HUMAN RESOURCES

2017
RETIREE HEALTH COVERAGE ENROLLMENT FORM

Humana presents Austin Business Journal's HEALTHIEST EMPLOYERS OF CENTRAL TEXAS

PERSONAL INFORMATION

Employee's Name (Last, First, MI)	Social Security Number	Date of Birth	Sex M ☐ F ☐
Employee's Address (Street, No.) City State Zip		Home Phone	Old Employee No:
Retirement Date	Email Address:		Coverage Effective Date:

REASON FOR CHANGE: ☐ Marriage ☐ Divorce ☐ Birth ☐ Adoption ☐ Loss of Coverage

COVERAGE ELECTIONS

Aetna Choice Plan		Aetna Whole Health-Seton Plan		Aetna Dental Plan		Aetna Vision Plan	
☐ Retiree Only	$ 362.00	☐ Retiree Only	$ 342.00	☐ Retiree Only	$ 37.00	☐ Retiree Only	$ 7.00
☐ Retiree & Spouse	$ 725.00	☐ Retiree & Spouse	$ 685.00	☐ Retiree & Spouse	$ 62.00	☐ Retiree & Spouse	$ 13.00
☐ Retiree & Child(ren)	$ 652.00	☐ Retiree & Child(ren)	$ 612.00	☐ Retiree & Child(ren)	$ 58.00	☐ Retiree & Child(ren)	$ 10.00
☐ Retiree & Family	$1,087.00	☐ Retiree & Family	$1,042.00	☐ Retiree & Family	$ 92.00	☐ Retiree & Family	$ 23.00

☐ ADD ☐ DELETE Provide the following information for each dependent that should be insured for any of the above elections.

Coverage Selection		Last Name (if different from employee name)	First Name	MI.	Sex M F	Date of Birth	Social Security Number
☐ Medical ☐ Dental ☐ Vision	Spouse				☐ ☐		
☐ Medical ☐ Dental ☐ Vision	Child				☐ ☐		
☐ Medical ☐ Dental ☐ Vision	Child				☐ ☐		
☐ Medical ☐ Dental ☐ Vision	Child				☐ ☐		
☐ Medical ☐ Dental ☐ Vision	Child				☐ ☐		

EMPLOYEE SIGNATURE

My signature below acknowledges that I understand that eligibility in the City of Round Rock Retiree Health Plan Coverage will terminate upon my and/or my dependent's eligibility for health coverage with another employer. I also understand it is my responsibility to inform the City of Round Rock in the event I become eligible for health coverage with another employer. Failure to do so will cause my coverage with the City of Round Rock health plan to terminate.

✕ _____ _____

Employee Signature Date